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WARNING: It is illegal to duplicate this copy by photostat or photograph.



*Audrey C. Marrocco*

Audrey C. Marrocco  
State Registrar

10315694

No.

December 20, 2017

Date

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
VITAL STATISTICS  
CERTIFICATE OF DEATH

017768

PRIMARY DIST. 21001

STATE FILE NO.

1. Name of deceased (First) <u>JOHN</u> (Middle) <u>MULDOWNEY</u> (Last)		2. Sex <u>M</u>	3. Date of death (Mo., Day, Yr.) <u>2/9/79</u>
4. Race - (e.g., White, Black, American Indian, etc.) <u>W.</u>	5A. Age last birthday (Yrs.) <u>72</u>	5B. If under 1 yr. Mos. <u>88</u> Days <u>88</u>	5C. If under 1 day Hours <u>88</u> Min. <u>88</u>
6A. Date of birth (Mo., Day, Yr.) <u>6/22/06</u>	6B. State or foreign country of birth <u>Pa</u>	6C. County of birth <u>-</u>	6D. City, Boro, or Twp. of birth <u>White Haven</u>
7A. PHILA	7B. PHILA	7C. PENNSYLVANIA HOSPITAL	
8. Mailing Address (Street or RFD No.) (City or Town) (State) (Zip Code) <u>2533 N. 1st St Phila 19125</u>		9. Marital Status <u>M</u>	10. Surviving Spouse (If wife, give maiden name) <u>Genevieve Muldowney</u>
11. Citizen of what country? <u>USA</u>	12. Was decedent ever in US Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Serial No. <u>?</u>	13. Social Security Number <u>111-11-1111</u>	14A. Usual Occupation (Kind of work done during most of working life) <u>COMMUNITY ORGANIZER</u>
15. Where did deceased actually live? a. State <u>Pa</u> b. County <u>Phila</u>	Did deceased live in a township? <input type="checkbox"/> Yes, deceased lived in _____ township. <input checked="" type="checkbox"/> No, deceased lived within actual limits of <u>Phila</u> city or boro.		
16. Father's name (First) <u>John</u> (Middle) <u>Muldowney</u> (Last)		17. Mother's maiden name (First) <u>Margaret</u> (Middle) <u>McGuire</u> (Last)	
18A. Informant's name (Type or Print) <u>Janette Costanzo</u>		18B. Informant's Mailing address (Street or RFD No.) (City or Town) (State) (Zip Code) <u>1932 Sandy Hill Rd Houtstown 19401 PA</u>	
19A. <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Other	19B. Date of burial, etc. <u>2-13-79</u>	19C. Name of cemetery or crematory <u>Hammant's Park Registry Phila Pa</u>	
20A. Signature of funeral director and license number <u>Thomas J. Hammant</u>		20B. Name and address of funeral establishment <u>Hammant Funeral Home 2018 Broadway Bldg Phila Pa</u>	
21A. Registrar's Signature <u>Robert H. Jorkasky</u>		21B. Date received by registrar <u>2-13-79</u>	
22A. Signature <u>Diane H. Jorkasky</u> and title <u>M.D. PA. HOSPITAL</u>		22B. Date Signed (Mo., Day, Yr.) <u>2/9/79</u>	
22C. Hour of Death <u>840</u> A.M. <input type="checkbox"/> P.M. <input checked="" type="checkbox"/>		22D. Signature <u>DR. ROBERT HONISH</u> and title <u>DR. ROBERT HONISH</u>	
23A. Date Signed (Mo., Day, Yr.)		23B. Hour of Death	
23C. A.M. <input type="checkbox"/> P.M. <input checked="" type="checkbox"/>		23D. A.M. <input type="checkbox"/> P.M. <input checked="" type="checkbox"/>	
24. Name and Address of certifier (Physician, Medical Examiner or Coroner) (print or type) <u>DIANE H. JORKASKY, M.D. PA. HOSPITAL</u>		25. Name of attending physician <u>DR. ROBERT HONISH</u>	
26. Immediate cause: Enter only one cause per line for (A) (B) and (C)		Interval between onset and death	
(A) <u>cardiopulmonary arrest</u>			
Due to, or as a consequence of:		Interval between onset and death	
(B) <u>coronary artery disease</u>			
Due to, or as a consequence of:		Interval between onset and death	
(C)			
Part II. Other Significant Conditions - Conditions contributing to death but not related to cause given in Part I (a)		Autopsy <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
27. Was case referred to Medical Examiner or Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29A. Injury at work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	29B. Date of Injury (Mo., Day, Yr.)	29C. Hour of Injury	29D. Describe how injury occurred
29E. Place of Injury (At home, farm, street, etc.)	29F. Location (Street or RFD No.) (City, Boro, or Twp.) (State)	29G.	